

<b>Case Number:</b>	CM15-0116246		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male, who sustained an industrial injury on 1/17/2012. Diagnoses include cervical spine sprain/strain, history bright red blood per rectum, rule out internal hemorrhoids, hypertension and hyperlipidemia. Treatment to date has included physical therapy and medications. Per the handwritten Primary Treating Physician's Progress Report dated 5/08/2015, the injured worker reported that he stopped taking Tylenol #3 due to gastrointestinal (GI) problems. His GI symptoms have significantly improved with the use of other medications. He reports pain in his hands and arms rated as 8/10. Physical examination revealed no change since last examination and an improved functional status. Per the Consultation Evaluation dated 5/04/2015 the injured worker reported bright red blood per rectum in stools on and off for two years when he takes unrecalled pain medication. His abdomen was soft, nontender and non-distended with normoactive bowel sounds. The plan of care included medications, work modifications and laboratory evaluation and authorization was requested for blood work (CBC, CMP CEA and TSH) and stool occult blood.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Stool occult blood:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis of Gastrointestinal Bleeding in Adults LINDA L. MANNING-DIMMITT, D.O., STEVEN G. DIMMITT, D.O., and GEORGE R. WILSON, M.D., University of Florida Health Science Center, Jacksonville, Florida Am Fam Physician. 2005 Apr 1; 71(7):1339-1346.

**Decision rationale:** According to the referenced literature, those with blood in the rectum requires further workup including rectal exam, possible colonoscopy. A stool for occult blood testing for blood to confirm the complaint is appropriate and standard of care for such subjective complaints and prior history. The request is appropriate and medically necessary.

**Blood work (CBC, CMP, CEA, TSH):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis of Gastrointestinal Bleeding in Adults LINDA L. MANNING-DIMMITT, D.O., STEVEN G. DIMMITT, D.O., and GEORGE R. WILSON, M.D., University of Florida Health Science Center, Jacksonville, Florida.

**Decision rationale:** In this case, the claimant has intermittent history of GI bleeding for which a CBC is indicate to evaluate for anemia. A CMP may be appropriate to evaluate hydration and renal function. However, a TSH and CEA is not indicated. There is no correlation to the bleeding and a thyroid or any concerns of cancer at this juncture. The literature does not recommend routine evaluation for CEA or TSH with GI bleeding. Therefore, the panel of test above are not medically necessary.